



# Napa County Peace Officers Association

Post Office Box 216. Napa, California 94559  
Serving the Peace Officers of Napa County since 1942

## MEMBERSHIP APPLICATION

**FOR NCPOA USE**

Date of membership:	_____	Membership Receipt #:	_____
Type of Membership:	Regular _____ Associate _____	Honorary _____	Lifetime _____
Endorsing Member:	_____	Signature:	_____

### PART I

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number and Street City State Zip

Telephone \_\_\_\_\_  
Home Work Cell

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Employing Agency \_\_\_\_\_

Position \_\_\_\_\_ Date Hired \_\_\_\_\_ Date Retired \_\_\_\_\_

Do you want the information contained above to be furnished to other members (as in a membership roster)?  
YES  NO

### PART II - *Not Needed for Associate Members*

#### DESIGNATION OF BENEFICIARY

I hereby designate the following individual as beneficiary of my Napa County Peace Officer's Association death benefit as prescribed by the By-Laws of this Association:

First Beneficiary \_\_\_\_\_  
Full Legal Name Full Address

Second Beneficiary \_\_\_\_\_  
Full Legal Name Full Address

***Do not use Beneficiary as your Witness***

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Address of Witness:

\_\_\_\_\_ Name Address

I also understand that if I become a member after retirement, I am not eligible for the death benefit for eight (8) years after the date of acceptance by NCPOA.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_